



53121

PHLAG INTERIM ASSESSMENT (PHIA)

Today's Date:

		/			/				
MM			DD			YYYY			

PHLAG SITE:

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PHLAG GROUP:

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Date of Intake for PHLAG:

		/			/				
MM			DD			YYYY			

PID#:

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PHLAG Site: _____

Staff Member's Name: _____

Veteran's Name: _____

(Last name, first initial) (Please print)

Veteran's last four digits of Social Security number: _____

1. Which Interim assessment is this? (Choose only one):

- ☐ 3 months after Intake
- ☐ 6 months after Intake
- ☐ 9 months after Intake
- ☐ 12 months after Intake
- ☐ 15 months after Intake
- ☐ 18 months after Intake
- ☐ Other: Fill in months after intake

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- ☐ Missing

PROGRESS TOWARDS OBTAINING HOUSING**2 Which of the following has the Veteran done in the past 3 months? (Choose one box for each item)**

- | | | | | | | |
|---|--------------------------|---------------------------|-------------------------------|-------------------------------|--|--|
| a. Obtained written information on permanent housing | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing | | | |
| b. Contacted potential landlord(s)/apartment complexes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing | | | |
| 2.b.1. if yes, how many? <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | | <input type="radio"/> Missing | | |
| | | | | | | |
| c. Sent out housing application(s) | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing | | | |
| 2.c.1. if yes, how many? <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | | <input type="radio"/> Missing | | |
| | | | | | | |
| d. Was interviewed by potential landlord(s) | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing | | | |
| 2.d.1. if yes, how many? <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | | <input type="radio"/> Missing | | |
| | | | | | | |
| e. Obtained credit report | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing | | | |
| f. Corrected credit report | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> NA | <input type="radio"/> Missing | | |
| g. Negotiated re-payment plan, deferral, or forgiveness for debts with any creditors | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> NA | <input type="radio"/> Missing | | |
| h. Obtained CORI | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Missing | | | |
| i. Addressed CORI related barriers | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> NA | <input type="radio"/> Missing | | |



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PHLAG Interim Assessment (PHIA)
continued

PID #:

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- j. Started (or restarted) Substance Abuse treatment or support of any kind ☐ No ☐ Yes ☐ NA ☐ Missing
- k. Started (or restarted) Mental Health treatment or support of any kind ☐ No ☐ Yes ☐ NA ☐ Missing
- l. Appealed rejection of a housing application ☐ No ☐ Yes ☐ NA ☐ Missing
- m. Other ☐ No ☐ Yes ☐ Missing

Specify:

CODE:

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LIVING SITUATION

3. What is the Veteran's current living situation? (Choose only one)

- ☐ Veteran's own apartment, room or house whether alone or shared
- ☐ Someone else's apartment, room or house as a temporary arrangement
- ☐ Hospital or nursing home (include detox centers with medical staff on site)
- ☐ VA Domiciliary
- ☐ VA sponsored residential treatment program (other than domiciliary)(e.g. HCHV, GPD, lodger bed, PR RTP)
- ☐ Non-VA halfway house program
- ☐ Hotel, single room occupancy (SRO), boarding home
- ☐ Shelter for the homeless(include detox centers without medical staff on-site)
- ☐ Outdoors, abandoned building, automobile, truck, boat etc
- ☐ Prison, jail

Specify:

CODE:

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☐ Unknown☐ Missing

4. During the past 30 days (1 month), where did the Veteran sleep the majority of the time? (Choose only one)

- ☐ Veteran's own apartment, room or house whether alone or shared
- ☐ Someone else's apartment, room or house as a temporary arrangement
- ☐ Hospital or nursing home (include detox centers with medical staff on site)
- ☐ VA Domiciliary
- ☐ VA sponsored residential treatment program (other than domiciliary)(e.g. HCHV, GPD, lodger bed, PR RTP)
- ☐ Non-VA halfway house program
- ☐ Hotel, single room occupancy (SRO), boarding home
- ☐ Shelter for the homeless(include detox centers without medical staff on-site)
- ☐ Outdoors, abandoned building, automobile, truck, boat etc
- ☐ Prison, jail

☐ Other

Specify:

CODE:

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☐ Unknown☐ Missing



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EMPLOYMENT STATUS

5. What is the Veteran's current employment status? (Choose only one)

- ☐ Full-time (40 hrs/wk)
- ☐ Part-time (reg.hrs.)
- ☐ Part-time (irregular day jobs)
- ☐ VA's IWT
- ☐ CWT/TWE
- ☐ CWT/SE
- ☐ Vocational training/unpaid volunteer
- ☐ Service
- ☐ Student
- ☐ Retired/disabled
- ☐ Unemployed
- ☐ Missing

6. How many days did the Veteran work for pay in the past 30 days?

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☐ Missing**INCOME**

7. Does the Veteran receive any of the following kinds of public financial support? (Choose one box for each item)

- a. Service connected/psychiatry ☐ No ☐ Yes ☐ Missing
7.a.1. if yes, what percent?

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 % ☐ Missing
- b. Service connected/other ☐ No ☐ Yes ☐ Missing
7.b.1. if yes, what percent?

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 % ☐ Missing
- c. Receives NSC pension ☐ No ☐ Yes ☐ Missing
- d. Non-VA disability, e.g. SSDI (Social Security Disability Insurance) ☐ No ☐ Yes ☐ Missing
- e. SSI (Supplemental Security Income) ☐ No ☐ Yes ☐ Missing
- f. Workman's compensation ☐ No ☐ Yes ☐ Missing
- g. Other disability insurance ☐ No ☐ Yes ☐ Missing
- h. Other pension/retirement (e.g. military pension, social security retirement) ☐ No ☐ Yes ☐ Missing
- i. Other public support ☐ No ☐ Yes ☐ Missing

8. How much money did the Veteran receive in the past 30 days (include all sources of income: work, disability payments, panhandling, plasma donations etc.) (Choose only one)

- ☐ No income at all ☐ \$500-\$999
- ☐ \$1-\$49 ☐ More than \$1000
- ☐ \$50-\$99 ☐ Missing
- ☐ \$100-\$499



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LEGAL STATUS

9. Has the Veteran been arrested in the past 3 months?

- ☐ No ☐ Yes ☐ Missing ☐ Unknown

RECENT CHANGES

10. In the past 3 months, has the Veteran used any mental health services?

- ☐ No ☐ Yes ☐ Missing ☐ Unknown

10a..If yes, were they VA mental health services?

- ☐ No ☐ Yes ☐ NA ☐ Missing ☐ Unknown

11. In the past 3 months, has the Veteran used any substance abuse treatment services?

- ☐ No ☐ Yes ☐ Missing ☐ Unknown

11a..If yes, were they VA substance abuse treatment services?

- ☐ No ☐ Yes ☐ NA ☐ Missing ☐ Unknown

12. Consider the following clinical areas and select the description that best reflects changes that occurred during the past 3 months of participation in PHLAG. If item was not a problem area for the Veteran, choose "not applicable" (Choose one box for each item)

- | | | | | |
|--|--------------------------|--|--------------------------------|-------------------------------|
| a. Personal hygiene | <input type="radio"/> NA | <input type="radio"/> Unchanged/Deteriorated | <input type="radio"/> Improved | <input type="radio"/> Missing |
| b. Alcohol problems | <input type="radio"/> NA | <input type="radio"/> Unchanged/Deteriorated | <input type="radio"/> Improved | <input type="radio"/> Missing |
| c. Drug problems | <input type="radio"/> NA | <input type="radio"/> Unchanged/Deteriorated | <input type="radio"/> Improved | <input type="radio"/> Missing |
| d. Psychotic symptoms | <input type="radio"/> NA | <input type="radio"/> Unchanged/Deteriorated | <input type="radio"/> Improved | <input type="radio"/> Missing |
| e. Mental health (other than psychosis) | <input type="radio"/> NA | <input type="radio"/> Unchanged/Deteriorated | <input type="radio"/> Improved | <input type="radio"/> Missing |
| f. Medical problems | <input type="radio"/> NA | <input type="radio"/> Unchanged/Deteriorated | <input type="radio"/> Improved | <input type="radio"/> Missing |
| g. Relationships with family and friends | <input type="radio"/> NA | <input type="radio"/> Unchanged/Deteriorated | <input type="radio"/> Improved | <input type="radio"/> Missing |
| h. Employment/vocational situation | <input type="radio"/> NA | <input type="radio"/> Unchanged/Deteriorated | <input type="radio"/> Improved | <input type="radio"/> Missing |
| i. Housing situation | <input type="radio"/> NA | <input type="radio"/> Unchanged/Deteriorated | <input type="radio"/> Improved | <input type="radio"/> Missing |
| j. Financial status | <input type="radio"/> NA | <input type="radio"/> Unchanged/Deteriorated | <input type="radio"/> Improved | <input type="radio"/> Missing |